



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 437
LOS ANGELES, CA 90012



MARK J. SALADINO

TREASURER AND TAX COLLECTOR

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

June 19, 2012

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

21 June 19, 2012

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

Dear Supervisors:

**DEPARTMENT OF TREASURER AND TAX COLLECTOR
REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT
(ALL DISTRICTS AFFECTED)
(3 VOTES)**

SUBJECT

Individuals who were injured in a third party compensatory accident received medical care at a County facility. The Treasurer and Tax Collector entered into negotiations with the liable parties and reached a settlement agreement.

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

1. Account Number 12567034 in amount of \$16,666.67
2. Account Number 11609122 in amount of \$23,589.50
3. Account Number 12449644 in amount of \$5,000.00
4. Account Number 12529043 in amount of \$33,333.33
5. Account Number 12550671 in amount of \$5,000.00
6. Account Number 12303021 in amount of \$1,507.33

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs. The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Implementation of Strategic Plan Goals

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Sustainability in pursuing collection of charges owed for County services.

FISCAL IMPACT/FINANCING

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

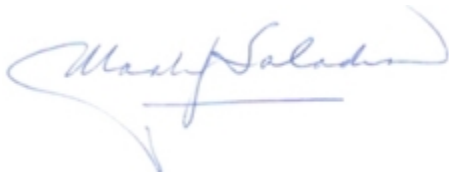
FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Not applicable.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

No impact.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Mark J. Saladino", with a horizontal line underneath the name.

MARK J. SALADINO

Treasurer and Tax Collector

MJS:FR:efh

Enclosures

c: Chief Executive Officer
Auditor-Controller
County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 115A

Amount of Aid	\$61,530.00	Account Number	12567034
Amount Paid	0.00	Name	Adult Male
Balance Due	61,530.00	Service Date	07/24/11 thru 08/11/11
Compromise Amount Offered	16,666.67	Facility	LAC USC Medical Center
Amount to be Written Off	\$44,863.33	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a motorcycle versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$61,530.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$50,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 9,995.00	\$ 9,995.00	19.99%
Attorney Cost	382.01	382.01	0.76%
County of Los Angeles	61,530.00	16,666.67	33.33%
Net to Client	N/A	22,956.32	45.92%
Total	\$71,907.01	\$50,000.00	100.00%

Our financial investigation reveals that the client is unemployed and receives financial assistance from his parents. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.115B

Amount of Aid	\$54,738.00	Account Number	11609122
Amount Paid	0.00	Name	Adult Male
Balance Due	54,738.00	Service Date	10/05/06 thru 10/30/06
Compromise Amount Offered	23,589.50	Facility	LAC USC Medical Center
Amount to be Written Off	\$31,148.50	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$54,738.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$100,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 33,333.00	\$ 33,333.00	33.33%
Attorney Cost	750.00	750.00	0.75%
City of West Covina Fire Department	1,067.30	1,067.30	1.07%
Queen of the Valley Hospital	851.00	851.00	0.85%
Citrus Valley Hospital	2,582.30	1,500.00	1.50%
Pacific Orthopedic	10,918.72	5,000.00	5.00%
John Donahue, M.D.	2,073.00	1,400.00	1.40%
County of Los Angeles	54,738.00	23,589.50	23.59%
Net to Client	N/A	32,509.20	32.51%
Total	\$106,313.32	\$100,000.00	100.00%

Our financial investigation reveals that the client is self employed and earns a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.115C

Amount of Aid	\$106,754.00	Account Number	12449644
Amount Paid	1,995.00	Name	Adult Male
Balance Due	104,759.00	Service Date	02/28/11 thru 03/30/11
Compromise Amount Offered	5,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$ 99,759.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus truck accident. He was treated at LAC USC Medical Center at a cost of \$104,759.00. Medi-Cal covered the outpatient charges of \$1,995.00.

The attorney has settled the case for the amount of \$16,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 7,200.00	\$ 7,200.00	45.00%
Attorney Cost	1,000.00	1,000.00	6.25%
County of Los Angeles	104,759.00	5,000.00	31.25%
Net to Client	N/A	2,800.00	17.50%
Total	\$112,959.00	\$16,000.00	100.00%

Our financial investigation reveals that the client supports himself with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 115D

Amount of Aid	\$101,095.00	Account Number	12529043
Amount Paid	0.00	Name	Adult Male
Balance Due	101,095.00	Service Date	05/06/11 thru 05/27/11
Compromise Amount Offered	33,333.33	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$ 67,761.67	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. He was treated at Harbor UCLA Medical Center at a cost of \$101,095.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$100,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 33,333.33	\$ 33,333.33	33.33%
Attorney Cost	0.00	0.00	0.00%
County of Los Angeles	101,095.00	33,333.33	33.33%
Net to Client	N/A	33,333.34	33.34%
Total	\$134,428.33	\$100,000.00	100.00%

Our financial investigation reveals that the client is unemployed and receives financial assistance from a relative. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.115E

Amount of Aid	\$52,395.00	Account Number	12550671
Amount Paid	0.00	Name	Adult Male
Balance Due	52,395.00	Service Date	06/17/11 thru 08/03/11
Compromise Amount Offered	5,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$47,395.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a motorcycle versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$52,395.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 2,998.50	\$ 2,998.50	19.99%
Attorney Cost	117.68	117.68	0.78%
City of Los Angeles	1,420.25	1,420.25	9.47%
County of Los Angeles	52,395.00	5,000.00	33.34%
Net to Client	N/A	5,463.57	36.42%
Total	\$56,931.43	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and receives financial assistance from a relative. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.115F

Amount of Aid	\$27,460.00	Account Number	12303021
Amount Paid	0.00	Name	Adult Male
Balance Due	27,460.00	Service Date	08/01/09 thru 10/05/10
Compromise Amount Offered	1,507.33	Facility	LAC USC Medical Center
Amount to be Written Off	\$25,952.67	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$27,460.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,010.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 6,754.50	\$ 6,754.50	45.00%
Attorney Cost	2,831.01	2,831.01	18.86%
Advanced Pain Consultants	10,850.00	939.07	6.26%
Tenaya Surgical Center	9,000.00	778.95	5.19%
Wellcare Pharmacy	3,600.00	311.58	2.08%
Las Vegas Pharmacy	2,674.00	231.43	1.54%
Canyon Medical Billing	1,600.00	138.47	0.92%
Key Health Solutions	150.00	12.98	0.09%
Louis Mortillaro, Ph.D. & Associates	1,846.15	159.78	1.06%
Cedars Sinai Medical Center	2,906.45	251.55	1.68%
Gary K. LaTourette, M.D.	700.00	60.58	0.40%
Lake Mead Radiology	2,742.65	237.37	1.58%
Integrated Pain Specialists	1,650.00	142.80	0.95%
Cameron Medical Center	3,360.00	290.80	1.94%
Fine Chiropractic Center	2,617.00	226.50	1.51%
Nevada Imaging	2,742.65	135.30	0.90%
County of Los Angeles	27,460.00	1,507.33	10.04%
Net to Client	N/A	0.00	0.00%
Total	\$83,484.41	\$15,010.00	100.00%

Our financial investigation reveals that the client is unemployed. He is supported by family. He has no other source of income or tangible assets.